Date April 1 2006

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E CONTRACTOR AND CONT				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 Applicant claims small entity status. See 37 CFR 1.27				Application Number	09/029,4	25	5			
				Filing Date	Decembe	er 18, 19	998			
				First Named Invento	or Muller, F	l.				
				Examiner Name	Cozart, J	ozart, J.				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	3726	3726				
TOTAL AMOUNT OF PAYMENT (\$) 750.00				Attorney Docket No	. 67562.5	562.5				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account De	Deposit Accou	nt Name: Hun	ton & W	/illiams L	LP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
	FILING	ING FEES SE Small Entity		CH FEES EX Small Entity		MINATION FEES Small Entity				
Application Type	Fee (\$)		Fee (\$)		Fee (\$) Fee	∋ (\$)	<u>Fee</u>	es Paid (\$)		
Utility	300	150	500	250	200 10	00				
Design	200	100	100	50	130 e	55				
Plant	200	100	300	150	160 8	30		***************************************		
Reissue	300	150	500	250	600 30	00				
Provisional	200	100	0	0	0	0	***************************************			
2. EXCESS CLAIM FEES			ee (\$)	Small Entity Fee (\$)						
Fee Description Each claim over 20 (in		-	50	25						
Each independent claim over 3 (including Reissues)						200	100)		
Multiple dependent cla			360	180)					
				Paid (\$)		Multiple Dependent Claims				
- 20 or HP = HP = highest number of total c	laime naid	for if greater than 20	=			Fee (\$)	Fee	Paid (\$)		
	Extra Cla		Fee	Paid (\$)			***************************************			
- 3 or HP =		X	=							
HP = highest number of indepe 3. APPLICATION SIZE FI		ms paid for, if greater tha	ın ə.							
If the specification and d	rawings	s exceed 100 sheets	of pap	er (excluding elec	tronically fil	ed seque	ence or co	omputer		
listings under 37 CFI						ntity) for	r each add	ditional 50		
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								Fee Paid (\$)	
- 100 =		/ 50 =		(round up to a whol	e number) x		=			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (<u>\$)</u>	
Other (e.g., late-filing surcharge): petition for revival of an application								\$750		
		$ \alpha$	7							
Signature Registration No. Attorney/Agent) Telephone 212 309 1214										
Signature Attorney/Agent) 31,900 Telephone 212 309								9 1214		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Eugene C. Rzucidlo